



The Commonwealth of Massachusetts  
**Division of Professional Licensure**  
5<sup>th</sup> Floor, 239 Causeway Street ☐ Boston, MA 02114  
<http://www.mass.gov/reg/boards/ar>  
(617) 727- 3072

## Board of Registration of **Architects**

*Please check the appropriate box for change(s)*

### NAME CHANGE

☐

### ADDRESS CHANGE

☐

### DUPLICATE LICENSE

☐

All requests should be mailed to the address listed above and directed to the Board of your profession.

Print/type clearly the information as it  
is **NOW SHOWN** on your license:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_

State: \_\_\_\_\_

Board: \_\_\_\_\_ Lic. Type: \_\_\_\_\_

Lic. No: \_\_\_\_\_

U.S. SS # (Mandatory): \_\_\_\_\_

Birth Date: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Print/type clearly the information as you  
wish it to appear on your **NEW** license.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

For office use only

Fee: \_\_\_\_\_

Date Received: \_\_\_\_\_

Initial: \_\_\_\_\_

1. For name change or duplicate license, you **MUST** return your current license with this form. If your current license has been lost or stolen, please check here ☐

2. For address changes only, **DO NOT** return your current license.

Under the penalties of perjury, I declare that the information provided herein is a truthful and complete statement of the information required.

#### **FEE (S)**

1. Duplicate license \$17.00

3. Name change with new license \$27.00

\* Address change (only) No Fee

Make check or money order payable to the  
"Commonwealth of Mass."  
**DO NOT SEND CASH**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Telephone Number**

\_\_\_\_\_  
**Date**